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PTO/SB/50 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No. 500.33218CR2  
First Named Inventor Yukiko TONOMURA  
Original Patent Number 5,809,119  
Original Patent Issue Date (Month/Day/Year) September 15, 1998  
Express Mail Label No.

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

1. ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☐ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

7. ☒ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)  
\* Small Entity
10. ☐ Statement(s) ☐ Statement filed in prior application,  
(PTO/SB/09-12) Status still proper and desired
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: .....

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

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Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Carl J. Brundidge

Registration No. (Attorney/Agent)

29,621

Signature

Date

July 25, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**

Docket Number (Optional)

500.33218CR2

**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 2	Total Claims (37 CFR 1.16(j))	(B) 13	0 =	x \$	=	or	x \$ 18 = 0
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 6	4 =	x \$	=		x \$ 78 = 312
Basic Fee (37 CFR 1.16(h))					\$		\$ 690
Total Filing Fee					\$	OR	\$ 1,002

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.  
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ 1,002.00 to cover the filing / additional fee is enclosed.

July 25, 2000

Date

  
Signature of Applicant, Attorney or Agent of Record

Carl I. Brundidge, Reg. No. 29,621

Typed or printed name

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

500.33218CR2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Y. TONOMURA, et al  
Serial No.: Not yet assigned  
Filed: July 25, 2000  
For: COMMUNICATION METHOD OF SUPPLYING INFORMATION IN  
INTELLIGENT NETWORK AND APPARATUS THEREFOR  
Group: Not yet assigned  
Examiner: Not yet assigned

JC873 U.S. PTO

09/625508



**LETTER CLAIMING RIGHT OF PRIORITY**

Assistant Commissioner  
for Patents  
Washington, D.C. 20231

July 25, 2000

Sir:

Under the provisions of 35 USC 119 and 37 CFR 1.55,  
applicants hereby claim the right of priority based on:

Japanese Application No. 5-244252  
Filed: September 30, 1993

The certified copy of said application document was filed in  
parent application Serial No. 08/314,373, filed September 28,  
1994, now U.S. Patent No. 5,590,180.

Respectfully submitted,

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Carl I. Brundidge  
Registration No. 29,621  
ANTONELLI, TERRY, STOUT & KRAUS, LLP

CIB/jdc  
703/312-6600